



Randell Dorling Limited  
37-39 Lime Street  
London  
EC3M 7AY  
Tel: 020 7929 4616  
Fax: 020 7929 4626  
Email: info@randelldorling.co.uk

CERTIFICATE OF PROFESSIONAL INDEMNITY INSURANCE

Policy Number: 1723419-P112664  
Name of Insured: CM Programme Management Ltd  
Address: 1310B High Road  
Whetstone  
London  
London  
N20 9HJ  
Period of Insurance: 29 August 2011 to 28 August 2012  
Limit of Indemnity: £1,000,000  
Self-Insured Excess: £500.00

Signed on behalf of Randell Dorling Limited

Authorised Signatory:

Date: 05 August 2011



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CERTIFICATE OF PUBLIC LIABILITY INSURANCE

Policy Number: 1723419-P112664  
Name of Insured: CM Programme Management Ltd  
Address: 1310B High Road  
Whetstone  
London  
London  
N20 9HJ  
Period of Insurance: 29 August 2011 to 28 August 2012  
Limit of Indemnity: £1,000,000  
Self-Insured Excess: £500.00

Signed on behalf of Randell Dorling Limited

Authorised Signatory:

Date: 05 August 2011

# CERTIFICATE

Policy: 1723419-P112664



## EMPLOYERS' LIABILITY INSURANCE

The certificate below shows that you are insured

- (i) with an authorised insurer, and
- (ii) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

The certificate (or any copy) must not be displayed unless the policy has been renewed.

CM Programme Management Ltd	<b>Branch</b>	Hiscox London
	<b>Address</b>	1 Great St. Helen's Middleborough EC3A 6HX
Hiscox Insurance Company Ltd	<b>Telephone No</b>	0870 084 3700
Registered in England Number 70234	<b>Policy Number</b>	1723419-P112664
Registered Office 1 Great St Helen's, London EC3A 6HX	<b>Date of Expiry</b>	28/08/2012

### CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one or more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by the policy)

	<b>Policy Number</b>	1723419-P112664
1	<b>Name of Policyholder</b>	CM Programme Management Ltd
2	<b>Date of Commencement of Insurance policy</b>	29/08/2011
3	<b>Date of Expiry of Insurance Policy</b>	28/08/2012

We hereby certify that subject to paragraph 2:

- 1 The policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
- 2 the minimum amount of cover provided by this policy is no less than £5 million (c).

Signed on behalf of Hiscox Insurance Company Ltd

*Steve Langan*

#### Notes:

- (a) Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2 (b) is applicable, specify the amount of cover provided by the relevant policy.